

CORPORATE PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ANNUAL APPLICATION
REPORT FOR
REINSTATEMENT
1994-1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAR 27 PM 1:08

DOCUMENT # V65716

1. Corporation Name
T.C. RESTORATIONS, INC.

Principal Place of Business Mailing Address
5931 RAVENSWOOD RD (MAILING ADDRESS)
BAY #3 FORT LAUDERDALE SAME AS
FLORIDA 33312

000001760080
-03/27/96--01096--001
****400.00 ****400.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 9-22-92	
5. FEI Number 65-0357655	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) FF \$400.00

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	OSCAR S. LEIVA	1241 NE 214 ST. N. MIA - FLA - 33179	N. Miami, Fla 33179
Vice-President	ANA M. LEIVA	SAME	ADDRESS -
8/26/94 administrative dissolution was due to improper notice. Therefore, corp. was returned to active status with the filing of this AR + payment of FF totaling \$1400 (see attached dr. re: payment of 96 Fees). - Let 3/27/96			
name - let 3/27/96			

8. Name and Address of Current Registered Agent
OSCAR S. LEIVA (PRESIDENT)
5931 RAVENSWOOD RD BAY #3
FORT LAUDERDALE FLORIDA
33312

9. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *O. Leiva* Date 2-29-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *O. Leiva* OSCAR S. LEIVA 2-29-96 (954) 962-1112 -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #